

# NEW PRESCRIPTION ORDER FORM

## 1 Patient Information

Last Name		First Name		MI
Address				Apt. #
City	State	ZIP	Phone Number	
Date of Birth (mm/dd/yyyy)		Sex	Email	
		<input type="radio"/> M <input type="radio"/> F		

## 2 Prescriber and Prescription Information

Prescriber's Name		
Phone Number		Fax Number
Street Address		
City	State	ZIP
NPI	DEA	

<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Rx</div> <h3 style="margin: 0;">Urology/Erectile Dysfunction</h3> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <h4 style="margin: 0;">Sildenafil Tablets</h4> <p> <input type="radio"/> Sildenafil 20mg Tablets  <input type="radio"/> Sildenafil 25mg Tablets  <input type="radio"/> Sildenafil 50mg Tablets  <input type="radio"/> Sildenafil 100mg Tablets         </p> <p>Directions: _____</p> </td> <td style="width: 50%; border: none;"> <h4 style="margin: 0;">Tadalafil Tablets</h4> <p> <input type="radio"/> Tadalafil 5mg Tablets  <input type="radio"/> Tadalafil 10mg Tablets  <input type="radio"/> Tadalafil 20mg Tablets         </p> </td> </tr> </table>	<h4 style="margin: 0;">Sildenafil Tablets</h4> <p> <input type="radio"/> Sildenafil 20mg Tablets  <input type="radio"/> Sildenafil 25mg Tablets  <input type="radio"/> Sildenafil 50mg Tablets  <input type="radio"/> Sildenafil 100mg Tablets         </p> <p>Directions: _____</p>	<h4 style="margin: 0;">Tadalafil Tablets</h4> <p> <input type="radio"/> Tadalafil 5mg Tablets  <input type="radio"/> Tadalafil 10mg Tablets  <input type="radio"/> Tadalafil 20mg Tablets         </p>	<h4 style="margin: 0;">Tadalafil Oral Dissolve Tablets</h4> <p> <input type="radio"/> Tadalafil 5mg ODT  <input type="radio"/> Tadalafil 10mg ODT  <input type="radio"/> Tadalafil 20mg ODT         </p> <p><b>Directions:</b> Place 1 tablet on tongue and allow to dissolve _____ (frequency)</p>
	<h4 style="margin: 0;">Sildenafil Tablets</h4> <p> <input type="radio"/> Sildenafil 20mg Tablets  <input type="radio"/> Sildenafil 25mg Tablets  <input type="radio"/> Sildenafil 50mg Tablets  <input type="radio"/> Sildenafil 100mg Tablets         </p> <p>Directions: _____</p>	<h4 style="margin: 0;">Tadalafil Tablets</h4> <p> <input type="radio"/> Tadalafil 5mg Tablets  <input type="radio"/> Tadalafil 10mg Tablets  <input type="radio"/> Tadalafil 20mg Tablets         </p>	
<h4 style="margin: 0;">Sildenafil Oral Dissolve Tablets</h4> <p> <input type="radio"/> Sildenafil 50mg ODT  <input type="radio"/> Sildenafil 100mg ODT         </p> <p><b>Directions:</b> Place 1 tablet on tongue and allow to dissolve _____ (frequency)</p>	<h4 style="margin: 0;">Vardenafil Oral Dissolve Tablets</h4> <p> <input type="radio"/> Vardenafil 12.5mg ODT  <input type="radio"/> Vardenafil 15mg ODT  <input type="radio"/> Vardenafil 20mg ODT         </p> <p><b>Directions:</b> Place 1 tablet on tongue and allow to dissolve _____ (frequency)</p>		

QTY:  30  60  90  100  Other \_\_\_\_\_

Refills:  1  2  3  4  5  6  7  8  9  10  Other: \_\_\_\_\_

X \_\_\_\_\_  
 Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Pharmacy Fax Number

*The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10*

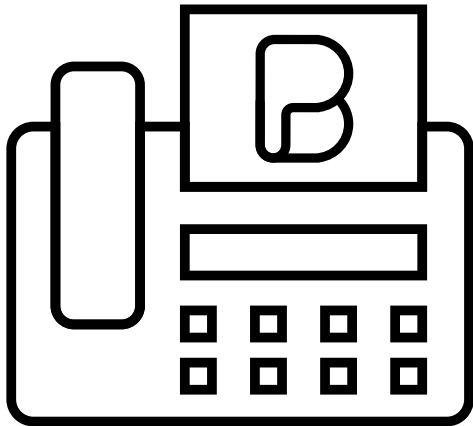




Your modern compounding pharmacy.™

---

# FAX COVER SHEET



Please fax your order to:

**401-284-4506**

---

3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

[www.bayviewrx.com](http://www.bayviewrx.com)